

TESTING SCHEDULE FOR VERMONT 2008 – 2009 ACADEMIC YEAR

Task	Start Date	End Date
Test Window	03/02/09	04/17/09
Districts Pack Completed Material	04/17/09	04/24/09
Districts Ship Completed Material to MetriTech		04/24/09
All Materials Received at MetriTech		04/29/09
Reports Shipped to Districts/SUs	06/24/09	06/29/09
Test Correction Window (Deadline for notifying VT DOE)	07/01/09	10/01/09

SPECIAL INSTRUCTIONS FOR VERMONT ONLY

These **Vermont Special Instructions** are intended to *supplement* the **ACCESS for ELLs® District and School Test Administration Manual (2008-2009)—Form 200**, which provides *generally* applicable information for the 19 states that now comprise the WIDA Consortium. Due to the small size and unique circumstances in VT, there are some differences in the way District ELL Coordinators and Test Administrators will need to:

1) Handle the Pre-ID Labels; and 2) order additional test materials.

HANDLING THE PRE-ID LABELS:

The Vermont DOE provided MetriTech with a file used to create Pre-ID Labels for students identified by the **2009 ACCESS for ELLs® Student Verification**. Students who arrive after the verification period closes will not receive a Pre-ID label, but are still required to be assessed. For students without Pre-ID labels, the information will need to be bubbled in on the test booklet.

District ELL Coordinators and Test Administrators should review this list of Do's and Don'ts:

1. Test administrators should be sure which tier of the test will be given BEFORE affixing the Pre-ID Label.
2. If there is a mistake in the student's name, birth date, or grade level, then you should either discard the Pre-ID label (before affixing it to the booklet) or, black out all information (including the bar code) with a PERMANENT BLACK MARKING PEN, and then bubble in ONLY the following information on the test booklet:
 - Student's Last Name
 - Student's First Name
 - Student's Middle Initial (only if necessary)
 - District Name
 - School Name
 - District Code number (Check with your District Test Coordinator.)
 - School Code number (Check with your District Test Coordinator.)
 - Two-letter State Name Abbreviation (VT)
 - Birth Date
 - Date First Enrolled U.S. School (**Kindergarten or higher – not Pre-K**)
 - Grade Level
 - Gender

Do not fill in any other student information boxes on test booklets except for 'SCHOOL USE ONLY SECTIONS' if you need to code:

- Reasons why a section of the test (Listening, Reading, Speaking, or Writing) should not be scored for the student (see page 19 of Test Administration Manual);
 - Accommodations used for a student, if approved for the student (also page 19).
3. **If there are any problems with the Pre-ID labels, and you're still unsure what to do, please consult with Jim McCobb (828-0185) or Lucille Chicoine (828-5922) BEFORE** discarding labels or bubbling information on the test booklets.
 4. **If you find mistakes on the label(s), please notify Jim or Lucille directly so the VT DOE ELL database can be corrected for future reference.**
 5. **Do not cross out or write corrections on the Pre-ID labels.** The computer scanner used to score test booklets will NOT read any hand-written changes on labels. It will only read the information on the PRE-ID LABEL. If you have already stuck the label (with mistakes) on the booklet, you will need to black out the entire Pre-ID Label (including bar code) with a BLACK PERMANENT MARKING PEN and then bubble in all the information listed in #2 above.
 6. For students without Pre-ID labels who will be tested, bubble in only the basic information listed in #2.
 7. **Do not ask students to bubble in information on the Test Booklets!**

ORDERING ADDITIONAL ACCESS for ELLs® TEST MATERIALS:

If you have newly enrolled students or have decided to give a student a different Tier than previously ordered, District ELL Coordinators should order additional booklets from the Vermont Department of Education. [Districts in Vermont will NOT receive 'overage' (additional test materials) with their shipment of test materials.]

Please try to *consolidate* Orders for Additional Materials for schools from the same district/supervisory union. We understand that this may not always be possible when students arrive later in the test window.

TO ORDER ADDITIONAL MATERIALS, FILL OUT ALL THE FORMS (ATTACHED) AND FAX TO LUCILLE CHICOINE AT (802) 828-6563:

1. [Additional Materials Order Form](#).
2. [Additional Students for ACCESS for ELLs® 2009 Assessment](#) (complete separate form for each school needing additional materials).
3. [Home Language Surveys](#) for ALL additional students to be tested (if not previously sent).

If you have questions/concerns, please contact Lucille Chicoine at (802) 828-5922 or Jim McCobb at (802) 828-0185.

THANKS FOR ALL YOUR EFFORTS AND ATTENTION TO THE DETAILS!

Vermont – ACCESS for ELLs® Additional Materials Order Form
Academic Year 2008-2009

For all Additional Materials orders please contact either of the following individuals:

Lucille Chicoine: Fax: (802) 828-6563 Phone: (802) 828-5922 E-mail: Lucille.Chicoine@state.vt.us
 Jim McCobb: Fax: (802) 828-6563 Phone: (802) 828-0185 E-mail: James.McCobb@state.vt.us

State:
Contact Name:

Vermont

Phone Number:

E-mail Address:

District Name:

District Number:

Ship Address:

City, State, ZIP:

The district assessment coordinator can make requests for additional materials at any time during the testing window as long as the district is still able to ship all test materials back to MetriTech by the April 24, 2009 deadline.

Grade	Test Booklets	Administrator's Scripts	Speaking Flip Charts
Kindergarten			
1-2 Tier A			
1-2 Tier B			
1-2 Tier C			
3-5 Tier A			
3-5 Tier B			
3-5 Tier C			
6-8 Tier A			
6-8 Tier B			
6-8 Tier C			
9-12 Tier A			
9-12 Tier B			
9-12 Tier C			




Additional Students for 2009 ACCESS for ELLs® Assessment

(please submit a separate form for each school)

School: _____

SU: _____

	<i>Name</i>	<i>Grade</i>	<i>DOB</i>	<i>Date First Enrolled in K or Higher In any US School</i>	2009 ACCESS  Tier
Additional Student:	_____	_____	_____	_____	
Additional Student:	_____	_____	_____	_____	
Additional Student:	_____	_____	_____	_____	
Additional Student:	_____	_____	_____	_____	
Additional Student:	_____	_____	_____	_____	
Additional Student:	_____	_____	_____	_____	
Additional Student:	_____	_____	_____	_____	
Additional Student:	_____	_____	_____	_____	
Additional Student:	_____	_____	_____	_____	
Additional Student:	_____	_____	_____	_____	
Additional Student:	_____	_____	_____	_____	

Please fax this form along with the Additional Materials Order Form and Home Language Surveys to Lucille Chicoine or Jim McCobb at the Vermont Department of Education, 120 State Street, Montpelier, VT 05620.

Fax (802) 828-6563 Telephone (802) 828-0185 or (802) 828-5922

Submitted by _____ **Print Name** _____ **Signature** _____ **Phone #** _____

Primary/Home Language Survey

Directions:

1. Interview the parents/guardians of all new students (including preschool and kindergarten) at the time of enrollment and record all information requested.
2. Provide interpreting services whenever necessary.
3. Please check to see that **all questions** on the form are answered.
4. **If a student's survey indicates a native or home language other than English**, his or her English language proficiency should be evaluated by a **qualified Bilingual or ESL teacher**. Give one copy of this form to the ESL teacher who will then assess oral proficiency, literacy, and academic background.
5. For any survey indicating a language other than English, please send one **legible** copy of the student's survey to: Jim McCobb, Coordinator of ESL/Bilingual Program
State Department of Education
120 State Street, Montpelier, VT 05620-2501
E-mail: james.mccobb@state.vt.us Tel: (802) 828-0185 Fax: (802) 828-6563
6. Place the original survey form in the student's permanent file.

Student Information			
First Name:	Last Name:	Date of Birth:	Gender: F <input type="checkbox"/> M <input type="checkbox"/>
Country of Birth:	Date of Entry in U.S.:	Date first enrolled in any U.S. school:	
School Information			
Current School:			
Enrollment Date:	Current Grade:	Person Conducting Survey:	

Questions for Parents/Guardians	Response
What is the native language of each parent/guardian?	
What language(s) are spoken in your home?	
Which language did your child learn first?	
Which language does your child use most frequently at home?	
Which language do you most frequently speak to your child?	
What other languages does your child know?	